



AUTHORIZATION FOR AUTOMATIC UTILITY BILL* PAYMENT
(PLEASE INCLUDE A VOIDED CHECK)

*Water / Sewer / Refuse Collection payments only

Today's Date _____

Printed Name: _____ (as it appears on your water / sewer / refuse bill)

Service Address: _____
(as it appears on your water / sewer / refuse bill)

Water / Sewer / Refuse Collection Billing Account Number: ____ - ____ - ____
(as shown on your bill)

Daytime Contact Phone Number: _____

New Authorization

Information Change

I authorized the City of Washington and the financial institution named below to deduct the amount of my monthly water/sewer/refuse collection bill from the account identified above. I understand my automatic payment will be deducted on the due date of each bill, or the next business day if the date is on a weekend or holiday. Each payment shall be the same as if it were personally signed and authorized by me. As with a check sufficient funds need to be available in my account at the time of transfer. If a draft is returned to the City unpaid, a \$25 administration fee will be applied to your account. This authority is to remain in effect until the City of Washington has received written notification from me of termination a minimum of thirty days prior to a scheduled due date. The City of Washington reserves the right to terminate this payment plan or participation therein.

I will provide a minimum of thirty days written notice to the City of Washington of any changes regarding the above account, such as changes of financial institution, account number, account type, etc.

Processing of this application will require 3-5 weeks. Continue to pay your bill in the usual manner until a message appears next to the total due amount stating "DRAFTED". Your payment will be shown on the statement from your financial institution. If you note a discrepancy on your bill, call the City at (636)390-1045, just as you would if you were mailing your payment.

Type of Account: ___ Checking ___ Savings

Financial Institution Routing Transit Number/ABA#: _____

Financial Institution Account Number to be Charged: _____

I understand and agree, as per my selection, to the terms of this letter and application.

Signature Required: _____ Date: _____

(Must be a authorized signer on account listed)

ATTACH A VOIDED CHECK HERE

Return this form to:

City of Washington Collections Department
405 Jefferson Street
WashingtonMO63090
(636)390-1045